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**Memorandum to the File
Case Closure**

10/18/06

**Alleged Physician Credentialing Violation
Alleged Inadequate Physician Supervision
Connecticut Healthcare System, West Haven, Connecticut**

MCI Number: 2006-03705-HI-0008.

On October 2, 2006, the Office of Inspector General's Office of Healthcare Inspections received a letter from a complainant alleging that a part-time emergency department (ED) physician (physician 1), employed by the Connecticut Healthcare System as an admitting officer of the day (AOD), did not possess a current medical license. The complainant also alleged that the system's clinical managers did not provide adequate supervision for a second part-time AOD (physician 2) placed on 3 years probation by the State of Connecticut Department of Public Health (DPH).

To determine the validity of the allegations, inspectors accessed the Internet to obtain state licensing information and the DPH Regulatory Action Report. We made a site visit October 13, 2006, and reviewed the physicians' credentialing and privileging (C&P) files and other pertinent documents. Additionally, we interviewed the Chief, Admissions/Evaluation, the Assistant Chief of Staff, and the Quality Management (QM) Coordinator.

Results of Review

Physician 1

VHA Handbook 1100.19 requires that physicians who request privileges at VA health care facilities possess "at least one full, active, current, and unrestricted license to be eligible for appointment." We were able to determine from the Internet that physician 1 possessed a current and active license from the State of Maine; and Maine Medical Center, Portland, Maine, employed physician 1 as a full-time attending physician. We also verified this information from the physician's C&P file maintained by the system.

The complainant also alleged physician 1 had privileges at one non-VA (b)(6) hospital even though the (b)(6) professional license expired November 30, 2005. The C&P file showed that physician 1 ended affiliations with all non-VA facilities in (b)(6) prior to the expiration of that license.

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Physician 2

According to the Internet and physician 2's C&P file, the State of (b)(6) Medical Examining Board placed physician 2's license on 5 years probation in August 2003 for inappropriate behavior toward a female patient. Because of this status, when physician 2 relocated to (b)(6) and applied for a medical license, the (b)(6) DPH issued the license but placed it on 3 years probation. We reviewed the terms of the DPH probation consent order available in physician 2's C&P file maintained by the system. Physician 2's probation period in (b)(6) began October 2004, and the DPH generally upheld the terms of the (b)(6) order. Physician 2's C&P file also shows full-time employment at a community level 1 trauma center as an ED clinician.

The complainant alleged that the terms of the (b)(6) probation consent order requires supervision of physician 2, and that clinical managers allow physician 2 to work independently as an AOD in the system's ED on weekends and nights. In fact, the consent order requires that physician 2 have female chaperones present during examinations of female patients and work in a setting that includes other physicians.

The order further requires physician 2 to maintain records of the identities of females present during female patient examinations and to permit the DPH to conduct random, unannounced reviews of all such records. Additionally, each of physician 2's employers must provide quarterly reports to the DPH attesting that physician 2 is practicing with reasonable skill and safety, and the physician is complying with the order to have female chaperones present during examinations of female patients.

The Chief, Admissions/Evaluation, in charge of the system's ED, provided copies of quarterly reports the system sent to the DPH showing attestation that physician 2 practices with reasonable skill and safety and that female chaperones are present during female patient examinations. The system also provided a list of female patients examined by physician 2 and a list of female chaperones present during such examinations. The Chief, Admissions/Evaluation, and the QM Coordinator told us that they had received no verbal or written complaints from female employees or female patients regarding inappropriate behavior by physician 2. Additionally, the system had received no notification from the DPH that physician 2 was not fulfilling the terms of the consent order.

The system provided an additional level of supervision for AOD's. According to the system's policy governing AOD duties and responsibilities, the Chief, Admissions/Evaluation is responsible for the daily reviews of medical records of patients not admitted to the hospital by the AOD. The policy also provides for tracking and trending for performance improvement purposes. We verified that daily reviews occur in our interview with the Chief, Admissions/Evaluation.

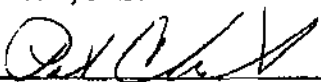
Conclusions

We concluded that physician 1 possessed a full, active, current, and unrestricted license and was properly credentialed for appointment at the system. We also concluded that there was sufficient evidence to support that physician 2 and the system were meeting the terms of probation as stipulated in the consent order from the State of (b)(6) DPH.

This case does not warrant further review, and we recommend closure without issuance of a formal report.

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